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AUG 2 8 2007	this form, togeth		or <u>Fax</u> (	Commissioner for 1 P.O. Box 1450 Mexandria, Virgini 571)-273-2885	Patents la 22313-1450		
indicate the notifica	form should be used for correspondence including the below or directed oth tions.	or transmitting the ISSI g the Patent, advance of crwise in Block 1, by (	UE FEE and PUBLIC, rders and notification of a) specifying a new co	ATION FEE (If requires f maintenance fees will respondence address; ar	d). Blocks 1 through be mailed to the curr nd/or (b) indicating a	5 should be completed to the correspondence as separate "FEE ADDR	ed where deress as ESS" for
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I DOLY DEPLOY OF THE STATE OF T				Cartificate of Mailing or Transmission  I hereby cartify that this Fee(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Mail Stop ISSUE File address above, or being facsimile transmitted to the USPTO (571) 273-2885, on the date indicated below.  Karola Robter (Depositors same)			
			į	Aŭgust 28, 2	007		(Date)
APPLICATION NO.	FILING DATE		FIRST NAMED INVENT	OR A	TTORNEY DOCKET NO	CONFIRMATIO	N NO.
; 10/009,294 06/06/2002 Keith Patrick Heaton VAC.704.US 5734  TITLE OF INVENTION: WOUND TREATMENT APPARATUS EMPLOYING REDUCED PRESSURE 08/29/2007 NNGUYEN2 06000006 500326 10009294  01 FC:1501 1400.00 DA							
APPLN. TYPE	SMALL ENTITY	ISSUE FEE DUE	PUBLICATION FEE DU	E PREV. PAID ISSUE F.	EE TOTAL PEE(S) D	DATE DU	38
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EXAMINER ART UNIT		CLASS-SUBCLASS					
LEWIS,		3772	602-042000				
CPR 1363).  Change of corresponderess form PTO/SE  "Fee Address" indi	mee address or indication ondence address (or Char 3/122) attached. ication (or "Fee Address" 2 or more recent) attache	ge of Correspondence	2. For printing on the patent front page, list  (1) the names of up to 3 registered patent attorneys or agents OR, alternatively.  (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.				
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5. Change in Entity Stat				1	<del></del>		
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Authorized Signature	taleet W.	Mason	Office.	Date Augus	t 28, 2007	<del></del>	*
Typed or printed name Robert W. Mason			Registration No. 42,848				
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